10/530078

Rec'd PCT/PTO 01 APR 2005

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DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention	Eccentri	c Lumen Stents					
As the below named inventor(s), t/we declare that:							
This declaration is directed to:							
		The attached application, or					
		Application No. PCT/US2003/032162, filed on October 8, 2003,					
		as amended on (if applicable);					
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought,							
We have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;							
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all Information known to me/us to be material to patentability as defined in 37 CFR 1.56, Including for continuation-in-part applications, material information which became evallable between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application.							
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon. FULL NAME OF INVENTOR(S)							
Inventor one: Mar	k Manasas						
Signature:	2/-	Citizen of: U.S.					
Inventor two: Glo	ria Ro Kolb						
Signature:		Citizen of: U.S.					
Inventor three:							
Signature:		Citizen of:					
Inventor four.							
Signature:		Citizen of:					
☐ Additional invento	ra or a legal n	spresentative are being named on additional form(s) attached harato.					

This acreation of information is required by 35 U.S.C. 115 and 37 CFR 1,63. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an epollosition. Confidentisity is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form end/or suggestions for reducing this burden, enculid be sent to the Chief information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/01A (09-04)

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DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN **APPLICATION DATA SHEET (37 CFR 1.76)**

Title of Invention	Eccentric Lumen Stents					
As the below named	Inventor(s),	I/we declare that:				
This declaration is directed to:						
		The attached application, or				
	×	Application No. PCT/US2003/032162, filed on October 8, 2003,				
		as amended on (if applicable);				
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;						
I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;						
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the National or PCT international filing date of the continuation-in-part application.						
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisorment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.						
FULL NAME OF INVE	NTOR(S)					
Inventor one: Mark	Manasas					
Signature:	,	Citizen of: U.S.				
Inventor two:	la Ro Kolb					
Signature:	~Pr	Kolu Citizen of: U.S.				
Inventor three:						
Signature:		Citizen of:				
Inventor four:						
Signature:		Citizen of:				
Additional inventors or a legal representative are being named on additional form(s) attached hereto.						
This collection of information is required by 35 HSC 115 and 37 CER 183. The information is required to obtain or retain a herefit by the public						

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.83. The information is required to obtain or retain a penent by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1 minute to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SERD FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Potents, DO Dear 450, Alexandria, VA 22313-1460. P.O. Box 1450, Alexandria, VA 22313-1450.

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371 of PCT/US2003/032162 3 **Application Number POWER OF ATTORNEY** October 8, 2003 (International) Filing Date and Manasas, Mark First Named Inventor **Eccentric Lumen Stents CORRESPONDENCE ADDRESS** NYA Art Unit INDICATION FORM NYA **Examiner Name** Attorney Docket Number FIW-002.01

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I hereby revo	ke all previous powers of attor	ney given i	in the abo	ove-Identi	ified application.	
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	ssociated with the Customer Number:		25181			
☐ Practitioner(s)	named below;					
	Name		Registratio	n Number		
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as my/our attorney	(s) or agent(s) to prosecute the application and Office connected therewith.	on identified abo	ove, and to t	ransact all b	ousiness in the United Stat	es
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I am the:				•		
Applicant/Inve	entor,					
Assignee of re	ecord of the entire interest. See 37 CFR	3.71.				
	ler 37 CFR 3.73(b) is enclosed. (Form P1					
	SIGNATURE of Applic		nee of Reco			
Signature	me 1		Date	3	O MAR 05	
Name	Mark Manasas	Te	lephone	617-7	74-3815	
Title and Company				V/A / /	77 2 273	_
NOTE: Signatures of all	the inventors or assigness of record of the ent	ire interest or the	sir representati	ve(s) are requ	ired. Submit multiple forms if	_
Mora aimi oua aiffuntme	ns are submitted.					
his controller of information is						

This cotection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO is precess) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gethering, property, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any commence on the emount of time you require to complete his form another suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Petent and Trademant Office, U.S. Department of Commerce, P.O. Best 1450, Abstanding, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patanta, P.O. Best 1450, Abstanding, VA 22313-1450.

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371 of PCT/US2003/032162 **Application Number POWER OF ATTORNEY** October 8, 2003 (International) Filing Date Manasas, Mark and **First Named Inventor Eccentric Lumen Stents** CORRESPONDENCE ADDRESS NYA **Art Unit INDICATION FORM** NYA **Examiner Name** Attorney Docket Number FIW-002.01

I hereby revoke all previous powers of attorney given in the above-identified application.							
I hereby appoint:							
☑ Practitioners as OR	ssociated with the Customer Number.		25181				
☐ Practitioner(s)	named below:						
	Name	$\neg \vdash$	Registrat	ion Numbe	e .	ן .	
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.							
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Telephone		Fax					
I am the:							
☑ Applicant/Inve	entor.						
Assignee of record of the entire interest. See 37 CFR 3.71.							
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
	SIGNATURE of Applic	cant or As	signee of Rec	cord			
Signature	C/ R Kel-		Dat	0	Ha ?	30,05	
Name	Gloria Ro Kolb		Telephone		1.160	211.62	
Title and Company							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
*Total of 2 forms are submitted.							

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a banefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.31 and 1.14. This collection is estimated to take 3 minutes to complete, including gethering, preparing, and submitting the complete despitication form to the USPTO. Three will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burder, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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